

ROSEBRUGH (J. W.)

— THE —
PRESIDENT'S ADDRESS,

Delivered at the Eighth Annual
Meeting

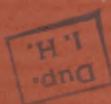
— OF THE —
ONTARIO MEDICAL ASSOCIATION

— BY —

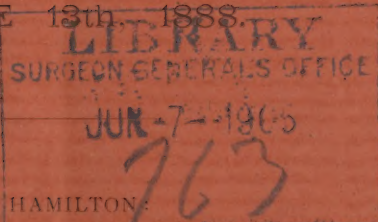
Complimentary

J. W. ROSEBRUGH, M. D.,

OF HAMILTON.



JUNE 13th 1888.



HAMILTON:
TIMES PRINTING COMPANY,
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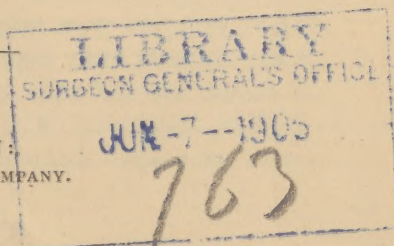
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PRESIDENT'S ADDRESS.

GENTLEMEN :—

I thank you heartily for the honour you have conferred on me in electing me president of this Association, for I should be little worthy of this honour did I not feel grateful for the confidence you have placed in me, and take pride in the high position to which your kindness has raised me. I feel more grateful than I can express at receiving this the highest honour my professional brethren can bestow. But however great my pleasure in realizing this ambition, it is with a deep sense of responsibility that I take this chair, fearing I shall fail adequately to fill the position according to your expectations.

Deeply sensible of this responsibility, I shall endeavour as much as in me lies to discharge the duties of the office, so as to prove not altogether unworthy of the confidence which has been reposed in me. I, therefore, put aside at once all personal considerations and rely solely, but confidently, upon your kindness and assistance to make this meeting interesting and profitable to all.

The progress and success of this young and vigorous society do not depend upon the one who happens to be president for the year. Its basis is sound, its work is substantial, and it has an inherent vitality which insures its continuous and increasing prosperity and usefulness. I think we have reason to-day to be very proud of our society. For whatever may advance our knowledge of disease; whatever may assist us in the recognition of all its forms and stages when present; whatever may enable us to foresee its approach and detect its causes—these, and all that may aid us in preventing, resisting and curing disease are the subjects which engage our attention.

The benefits arising from Medical Societies, no right-thinking persons can too highly appreciate. For a new society our meetings have been very well attended, many valuable papers have been read and discussed, and afterwards distributed to the profession, by means of our excellent medical journals ; in fact, this society has, since its establishment, eight years ago, worked faithfully, regularly and untiringly to promulgate and render practical the great truths of our science. We have done well. But can we not do better? Cannot some step be taken, some further inducement provided, so that whether the society meets in Toronto, or Hamilton, or London, or elsewhere, the members elected in each locality from year to year, shall remain permanent members ; pay an annual fee, and get a *quid pro quo*, whether they are able to attend the meetings every year or no ?

Every wide-awake, progressive, medical man takes several medical journals. Of course, he must have the local journals, and he certainly ought also to take a British and an American medical journal. The American Medical Association, now has its own journal for its members, and the British Medical Association has the British Medical Journal, for every member of that society, including all the 47 branches, some of which are in the Colonies.

As a member of the British Medical Association, I have great pleasure in recommending that this society should seriously consider the desirability and advisability of affiliating with the British Medical Association.

I believe that it would be a great advantage for a young society like ours to be placed in fraternal union with the British Medical Association, now having over twelve (12) thousand members engaged in the promotion of medical science, and in the maintenance of the honour, dignity, and just interests of the profession locally and generally throughout the world.

The British Medical Association, now possesses forty-seven branches, a number of which are in the Colonies. During the past year a branch was formed in Ceylon, and another in Nova Scotia. A branch is in course of formation at Kimberley, South Africa, and an application has been sent from Barbadoes, West Indies, asking for recognition of their Medical Society, as a branch of the Association. When these distant branches are received, their proceedings are systematically published in the *BRITISH MEDICAL JOURNAL*, and the members are conjoined into an organic whole, and placed in fraternal union with the vast membership of the parent association.

In the great work of the promotion of scientific progress and the diffusion of knowledge, one of the most powerful and effectual agents in the world is the *BRITISH MEDICAL JOURNAL*, conducted with a skill and enterprise which have excited the admiration and envy of all countries. It is difficult to realize the amount of good which is accomplished by the weekly circulation of this medical engine, containing such a vast amount of actual knowledge in its pages. The recipients of this journal, who are engaged in the daily round of active practice cannot excuse themselves that they have no time to maintain their scientific training or keep themselves abreast of the daily march of medical study and improvements, for by this journal the means of doing so are brought to their very doors week after week. The circulation of the journal is phenomenal, and without precedent, and this prosperity is likely to increase from year to year, for it appears to be the great aim of the editors and managers to make the journal represent every just interest of the medical profession, both in Great Britain and the Colonies; whether that interest be scientific, educational, political or social. And they purpose to endeavour in the future, as in the past to make its pages a lively picture of all that is sound in scientific investigation, as well as in clinical experience.

The cost of the journal to members of branches, post paid,

is only \$5.62½ per year; while the London *Lancet*, costs \$8 per year. Should this society decide to become a branch of The British Medical Association, it is not unreasonable to hope, I think, that in the course of a few years we would be able to secure a thousand permanent members. When that is accomplished the annual fee, besides the journal, could be reduced to one dollar per member.

REMINISCENCES.

In the summer of 1850, I first came to this city as a Medical Student, and my mind to-day instinctively turns to a retrospect of the past thirty-eight or forty years. If we contemplate the events which have marked those years with their joys and sorrow, their chances and their changes, and the chequered scenes of life's fitful drama, there is nothing which strikes the mind so forcibly as the wonderful advances and improvements made both in medicine and surgery, during the medical career of many of my fellow students here present to-day. True, the healing of disease is still largely empirical, but it is guided and moulded every day, more and more, by advancing science and more exact clinical observation. Now we study with care the natural history of disease, and thus we are able to recognize, to an extent impossible in the old days, what we can do and what we cannot do in regulating its course. We have found out for ourselves that, "Nature is only to be conquered by obeying her."

Of no science is it more true than of medicine, "that it takes longer to correct an error than to establish a truth"; and the effect has been largely to shake belief in many received opinions or theories, and bring about that spirit of scepticism and criticism which of late years has been so prevalent.

We know that from the earliest times epidemics of false and seducing doctrines have passed like a wave over the whole land. The history of medicine is full of warnings on this subject. We have had Brunonianism, Thomsonianism,

Humoralism, Solidism, Vitalism, Eclecticism, Hydropathyism and a large number of other isms. But a brief retrospect of medical history will convince anyone that the Poet Laureate was correct in his statement, that :

“These little systems have their day,
They have their day and cease to be.”

Professor Gairdner thinks that a like general acceptance of error, as in the past, is now impossible, and that we are advancing to such a stable position in science, as will render us still safer from such misfortune in the future.

The little old Hospital of that time was situated on King St. West. The wards were not perhaps exactly the kind of wards that one would erect now-a-days, but they were roomy and ventilated by loose windows, and in a certain way answered their purpose. As to clinical advantages and appointments no such thing had yet been suggested. There were no clinical clerkships nor clinical lectures. The students were not required, as now, to take a hospital course ; and only a few of the seniors thought it worth their while to waste their time there, as so little, it was said, could be seen or learned in the wards. As for operations they were scarcely ever heard of ; and when one did occur no provision was made so that the students could witness the operation.

Besides the general hospital, there were two small lying-in hospitals, but, what, with the pestiferous wards, and the pestiferous nurses, and the young medical attendants from the dissecting rooms, who carried all their real estate underneath their finger-nails, the mortality of the poor lying-in women was deplorably large.

The nursing in most all hospitals, in those days, was, to say the least, discreditable. Some were women of fair ability, and like Mrs. Gamp, the famous nurse described by Dickens, had exalted opinions of their own abilities, but the nurses generally were slovenly, dirty, and in too many cases disreputable. Thirty-four years ago, however, Florence Nightingale came forward, educated and refined as she was, and gave

herself to the noble work of reforming the methods of nursing then in vogue. In 1854 she went to the Crimea at the head of a brave band of women whom she trained to nurse the sick and maimed heroes of that terrible war. So well was her work done that she was given charge of the nursing of all the hospitals of the British Army on the Bosphorous. Her health broke down and her constitution was permanently injured by the strain, but she reformed the nursing methods of the world, so that now it is considered a respectable art, and a desirable employment by refined and educated ladies. When the Crimean war was over Miss Nightingale was presented with a national testimonial, which she characteristically devoted to the establishment and maintenance of a school for nurses ; and to-day we have Nightingale Schools all over the land, including an excellent one right here in Toronto.

THE MEDICAL STUDENT.

Those of us who can mentally retrace their steps for thirty or forty years, perceive that the type of the medical student has undergone considerable revolutionary changes. The medical student of to-day is not the beer-loving, pipe-smoking, knocker-wrenching, grave-robbing individual of by-gone days. Many students are both non-smokers and total abstainers, and to be one of the latter is now no longer a mark of reproach, but the rather commends him for clinical clerk-ships, dresser-ships and other hospital advancement.

The increased and increasing complexity of medical studies, combined with augmented stringency of examinations, have rendered the career of the medical student much more difficult. He has to work hard now—not spasmodically, for a few months before each examination, but regularly throughout his allotted term of study, if he wishes to succeed. He has also to pay more dearly for his privileges. Within the last few years most of the medical schools have raised their fees ; the College of Physicians and Surgeon's scheme of examinations is also accompanied by increased examination fees. Yet medicine is as popular a profession as ever, and

the annual throng of those who seek to join our ranks suffers no diminution.

In the two medical schools of those days were some able and eloquent teachers and lecturers.

Dr. Widmer, one of the oldest and most esteemed, was a gentleman of commanding presence, handsome intellectual face, and always wore a dress-coat. He enjoyed an immense reputation, and we boys believed he deserved it ; at all events, we all acknowledged his great qualities as a surgeon. He had been an army surgeon, I believe, and his military language, at times, was so forcible that it made the pious students turn pale ; in fact, I think, the most of us were a little bit afraid of him, especially when our final examination came before the old *Medical Board*.

Dr. Rolph was a fine old gentleman of rare endowment, wide culture, and an admirable lecturer. He lectured on anatomy, physiology and the practice of medicine. It is needless to say, that whatever he undertook to do he did it well, and with striking ability. He seemed equally at home on any subject, so that we boys called him the walking encyclopædian. At that time practical physiology, as a course for medical students, was undreamed of in Toronto, but Rolph was an excellent physiologist, one of the best of his day, and his lectures were singularly clear, instructive and attractive. He had an oily tongue and most of his lectures were delivered in beautiful language and with striking eloquence.

Dr. Bovell was gentlemanly, quiet, amiable and much liked. He was a good man, and one of the most philosophical physicians of that or any age ; and is not likely to be forgotten by those who studied with him at that time. His lectures on morbid anatomy were always eagerly attended, and were valuable not only for what they taught directly, but also for their suggestions. He was noted for his remarkable accuracy of diagnosis and his simplicity and directness of treatment ; and he gave special care to the therapeutical and dietetic treatment of disease.

Dr. Beaumont was a brilliant and enterprising surgeon ; and a beautiful operator. As a lecturer he was a striking example, or illustration, of the fact that a man who is in earnest may be a first-rate speaker, in the sense of being able to make his meaning clear, and to command the attention and respect of his audience, without being in any sense an orator, or even a fluent and consecutive speaker.

Dr. King was a man of very different stamp. He was kind-hearted, I believe, but hot-tempered and crotchety, and delighted to put on a roughness and not unfrequently a coarseness of manner, which to strangers and students were often offensive. He was a member of the old Medical Board and the students, of one medical school, both disliked and dreaded him. Every man has his hobby, and Dr. King's was the sphenoid bone, and woe be to the student who could not accurately describe this bone, and give the origin and insertion of the pterygoid muscles.

Besides those above named there were some of lesser note. Telfer with his snuff, and Herrick with his Dover's powder, and others whom I shall not name. Last, but not least, I cannot close this retrospect without naming one, whom we all held at that time, and whom in the good providence of God, we are still permitted to hold in the highest respect, admiration and affection. I refer to our own beloved and revered Dr. Workman, who was then in the zenith and fullness of his powers. In those days there was not one whose lectures were more highly appreciated ; none who had greater influence with the students, and none who stands out more prominently among the memories of those days. It was a custom of his, as well as some others, frequently to "grind" the students, and a favorite method of his was to fix upon one man, especially if he was somewhat conceited, ply him with questions, and then, as often happened, having led him into contradictions, or having made him display his utter ignorance, to overwhelm him with a torrent of chaff and withering sarcasm ; and then to wind up by expressing his

own views to the whole class, with a manner and in a language which were singularly striking and impressive.

Dr. Workman was our professor of "midwifery," and I cannot close this reference to him and his progressive teaching of that time, without referring to a question which recently has engaged the attention of the profession and created not a little interest and discussion. I refer to the best method of conducting the third stage of labor. The method taught by Dr. Workman, as I remember it, was substantially and briefly as follows: as the fœtus is being expelled the left hand is placed on the fundus, the ulner edge being directed towards the vertebral column, following down the uterus with the hand, making more or less firm pressure, until the placenta is expelled and the binder applied.

This, in brief, is the method about which so much has been said and written of late, and which is now claimed as the "Dublin Method" and "Crede's Method," but which was taught here in Toronto by Dr. Workman forty years ago.

Many changes have occurred in the medical profession of Toronto since the year 1850. Some of those who came to the front later on have already passed away. Some snatched away by death, some transferred themselves to other spheres of usefulness, and others are now on the high road to fame. Other presidents will take this chair from year to year, and theirs will be the task to eulogize the deserving men of their time.

FEVERS.

In my student days no branch of medicine was more unsatisfactory than the diagnosis and treatment of fevers.

The first fever patient I ever visited was a young girl, aged 11 years. She was delirious, her tongue brown and dry, and her abdomen tympanitic. I do not now remember the frequency of her pulse, and as to temperature, such an idea had not been suggested at that time. The medical attendant said the case was one of *continued fever*.

To the best of my recollection the term *typhoid* was never used in my student days. A severe epidemic of ship-fever passed over the country in 1847, and the term *typhus* was frequently used, but *typhoid* never. Would to God, that the world knew less, practically, about this disease, which is annually carrying more people down to the grave than any other disease of the present time. I am glad that this subject is to be taken up for discussion this afternoon, and hope the speakers will touch on the great advances made in our knowledge of fevers, within a comparatively recent period, in the direction of precision as regards their specific characters, their diagnosis, prognosis and treatment; for now symptoms are daily anticipated and the treatment carefully applied on sound pathological and therapeutical grounds. Thanks to recent investigators results have been obtained, which in a preventive point of view have reduced the mortality to a minimum compared with some years ago. We now know that if some cities, Toronto not excepted, would provide pure water for their citizens, there would be much less typhoid fever.

PNEUMONIA.

I have a vivid recollection of the beautiful and classic language with which inflammation of the lungs, in its different stages, was described by our professor of medicine, and also the "old school" orthodox method of treating that disease, which was by tartarized antimony and blood-letting.

That was towards the end of the palmy days of the venesectionists' practice, but our good old professor advised blood-letting to the extent of 12 to 16, or even 20 ounces, and to be repeated again and again, according to the old traditional theory, as it came down originally from Hippocrates and was perpetuated by the strong endorsement of Cullen and the practice of Gregory, Sydenham, Boerhave and many other eminent authorities.

What remains most vividly in my memory of the hospital practice of those days is, that the attending physician, on going through the wards, generally ordered about every third or fourth patient to be bled.

Looking back now to the vigorous treatment of those days, we can readily imagine hearing the young disciple of Æsculapius, when on going forth to practice, armed with these heroic remedies, and when unfortunately he lost a patient, consoling himself with the words of the notorious Dr. I. Lettsum, who, you may remember, in allusion to his unhappy patients, is said to have facetiously written:

“I physics, bleeds and sweats 'em ;
If after that they chance to die,
It's not my fault—I. Lettsum.

PROGRESS.

Within my own time medicine has been revolutionized and advanced, both as a science and an art. In every branch of our profession immense progress has been made. Never before in the history of medicine, have the brains of individual workers been so heavily taxed or so fertile in physical benefit to the human race. And, notwithstanding the abundant evidence to this effect, the old query, of Sir Wm. Hamilton, every now and then crops out. You remember he once had the face to ask the preposterous question :

“Has the practice of medicine (the art as distinguished from the science), made a single step since Hippocrates?”

It should be remembered that Sir Wm. Hamilton, was Professor of Logic and Metaphysics, in Edinburgh University. True, he was a very great philosopher, but he was not a physician. Had he been a physician, or even a patient, and obliged to swallow the vile mixtures prescribed by Hippocrates, he would never have asked such a foolish question.

It would be very easy to prove to the learned professor, that the practice of medicine is really in advance of most

other departments of human knowledge, and far in advance of our political economy and jurisprudence.

The immediate result of this grotesque query, however, set some members of the profession a-thinking, and some years ago Dr. Begbie wrote a masterly reply. Recently several other eminent authorities have taken up the question. The most crushing reply that I have noticed, came from the masterly pen of Professor Gairdner, of the University of Glasgow, who answers the startling but absurd question, most emphatically in the affirmative.

His arguments by a recent writer have been summarized under the following heads:

"1. The increased value attached to hygienic remedies, and the recognition of the fact that the insanitary conditions which produce disease, tend to its continuance and retard recovery; 2, the disappearance of "orthodoxy" and the abolition of frequent and routine venesection, which has gone hand and hand with a greater trust in the self-healing processes in acute diseases—*vis medicatrix naturæ*; and 3, a more rational treatment of epidemic fevers—easily digestible foods having been allowed to replace alcoholic stimulation."

Professor Gairdner, contends also that in general terms there is a greater "stability" in medical practice, a stability which will in future prevent extensive revolutions in practice by ill-considered theories. Dr. B. W. Richardson answers the question by enumerating six distinct advancements: 1, the treatment of the insane; 2, preventive medicine; 3, anæsthesia; 4, therapeutical changes and the discovery of new remedies; 5, abdominal (antiseptic) surgery; 6, diagnostic art.

Professor Gairdner says, that, "undoubtedly, there are some points of detail which have not varied, for which even modern physicians are indebted to the sagacity and foresight of the ancients. It is slow and weary work this casting off of the old traditions and searching for the surer ground of facts; but it is being done, and that with increasing energy and

hope. Strictly speaking we have no data of comparison between the medical practice of our day and that of Hippocrates or Galen. We have their dicta and their principles, but we have no clinical records sufficiently detailed to contrast the efficiency of their methods with that of our own."

We have this advantage over them, that we are learning more and more of the nature of disease and of the action of remedies than was known to them, and our practice is becoming simpler and sounder in proportion as that knowledge widens. Medicine is like a great monument of antiquity, slowly built up by the labors of countless generations exerted through many centuries. It is not too much to say, that the knowledge which has been handed down to us through the ages is constantly being added to by scientific research, and this again is being radiated and diffused every year by our medical societies, and then carried on and on by our medical journals, for the benefit of this and the coming ages. Scientific research is being enthusiastically pursued by hosts of zealous and able men; knowledge comes crowding in from every side, and sensibly or insensibly, practical medicine is coming more and more under the influence of science and scientific methods. Chemical, physiological, pathological, and experimental science, are now daily, aye, hourly adding to the rapidly accumulating store of knowledge.

Indeed, it is more than probable (as Paget suggests), that we have reached a very interesting and important period in the development of medical knowledge, and that the immediate future is pregnant with important discoveries, and a flood of light will be thrown upon the practice of medicine, when all of these sciences have completed the survey of the morbid processes which take place in the human body.

SURGERY.

Notwithstanding the extraordinary progress made by medicine during the last few years, no one will deny that modern surgery has even taken the lead of medicine. Unquestionably, general surgery has of late made rapid advances. It now

invades with comparative impunity regions of the body hitherto looked upon as sacred from the knife.

What did Hippocrates know about these things? Did he ever tie an artery? Did he ever do an ovariectomy? It is only 300 years since Ambroise Pare tied the first artery, and the dear good man thought that he had received the inspiration from God. Some years subsequently, however, Harvey discovered the circulation of the blood. This year (1888), celebrates the 260th anniversary of the publication of Harvey's immortal treatise, "*Exercitatio Anatomica de Motu Cordis et Sanguinis*." Surgery, even as late as John Hunter's time, was but a rude empirical art, consisting of little else than a knowledge of many facts, which stood in no visible relation to each other, and of many more opinions, which for the most part had no relation to any facts whatever.

In the light of the present day it is difficult to realize the darkness of past times, and adequately appreciate the conditions under which the pioneers of knowledge labored. Hunter, however, saw more fully than any one who preceded him, the way in which the art of surgery, through a knowledge of physiology could be advanced. Indeed, he was beyond and above all surgeons of his day, a philosopher. He raised those that came after him on his shoulders, enlarged the horizon of their vision, and made it much easier for them to see. From his time to the present, we can trace his influence upon the scientific study of surgery, through a long line of distinguished teachers. The truth is that in each successive year, facts and details of more or less importance in the practice of surgery accumulate; much that formerly was mysterious and doubtful has become clear and plain. That which occupied our predecessors years to unravel, may now be gathered up in a few days.

In our day surgery has extended its ancient limits. We now know that only those wounds are necessarily fatal, which prevent a vital organ from continuing its functions; with any less serious injury, the surgeon can now deal with almost

unfailing success. During the last few years a steady advance has been made in the operative treatment of injury and disease of internal organs, with a view to attaining not merely temporary relief, but a radical and permanent cure, and the saving of life.

The time allotted to this address will not permit me to dwell, as I had intended, when commencing this retrospect, upon the brilliant and marvellous results of abdominal surgery, particularly ovariectomy and hysterectomy, the outcome of surgical cleanliness—the so called antiseptic system of that great apostle of cleanliness, Sir Joseph Lister.

In our day operative surgery has achieved the most and unquestionable triumphs of any period in the long course of medical history, and this in almost every department.

We now have the surgery of the brain, of the lungs and kidneys, of the liver and gall-bladder, of the spleen, of the stomach and intestines. Surgical intervention, in cases of penetrating wounds of the abdomen, of intra-peritoneal rupture of the bladder, and of enormous vesical calculi, has been attended by brilliant results. Is it, therefore, unreasonable to hope that regions hitherto barely touched by the operator, may eventually become familiar ground for the exercise of his art?

In conclusion, will you permit me to offer a word of exhortation?

Medicine and surgery are eminently a science of observation, but it is very difficult to observe accurately, and the practitioner who does his whole duty to his patients and to science, must study and practice the right methods of observation. I have noticed that the hard-working scientific student becomes the hard-working scientific practitioner. A man's best work is usually the product of the enthusiasm of early professional life, and the opportunity is too often lost while waiting for older men to take the lead. Habits of scientific

research should be inculcated in every advanced medical man, let him be young or old. Laboratories, with suitable endowments, should be established in this Canada of ours, so that our young men would not be obliged to go abroad in search of scientific knowledge that should be provided for them in their native land.

The habits of careful observation are better cultivated by laboratory work than in any other way. Gradually, the Medical Council of Ontario is elevating the standard and broadening the scope of medical education. Not long ago, three years was enough, now four are required, and there seems to be great unanimity as to raising the standard higher and higher, as to the amount of knowledge and time required. The higher the standard the better for both the student and his patients. Therefore, our students must be provided with better facilities for prosecuting scientific research in their own country. When this is done, when this great desideratum is provided here in Toronto, who can adequately estimate the results upon the coming millions of future generations?

We boast of the progress of medicine and surgery during the last forty years. In the next forty the gain will be still greater. In these days of actual research, continual additions are being made to our knowledge of subjects, more or less directly bearing upon the science and practice of medicine. True, those who possess the requisite qualifications and opportunities for successfully conducting scientific research, are still comparatively few; on the other hand there are only a few who cannot avail themselves of the practical results arrived at by others. The conscientious practitioner of medicine must continue to be a diligent student to the end of his active life. When a man is too old to learn, he is too old to practice. As knowledge is power, so every addition to medical knowledge brings with it an increased power of doing good to our fellow men, and the conviction of this fact should act as a continual stimulus to exertion.

I have now completed, however inadequately, the task which I had set before myself. In conclusion, I beg to reiterate my thankful acknowledgments for the high honor which has been conferred upon me, and to utter an earnest, heartfelt aspiration, that the meeting which I have opened this day, may tend to bring together more closely, and harmonize into one friendly communion the scattered members of our great profession.



